

Tobacco industry funding of biomedical research

For several decades, the tobacco industry has provided funds for biomedical research. The Tobacco Institute Research Committee (later the Council for Tobacco Research-USA) was formed in the US in 1954, in response to continued reports of the hazardous nature of cigarettes. The Institute's formation was heralded with full-page newspaper advertisements entitled "A Frank Statement to Cigarette Smokers". The advertisements contained the pledge: "We accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business."¹ It is useful to reflect upon whether or not the tobacco industry has lived up to this high-minded statement.

The Council for Tobacco Research-USA (CTR) has funded projects of particular interest to the tobacco industry, through its Special Projects division, and other scientific research. The Special Projects division, directed by lawyers, recruited scientists for particular research projects that might shed doubt on evidence linking smoking to disease and has supported scientists with unconventional views on smoking and health. For example, the Special Projects division has provided more than \$1 million to Dr Carl Seltzer, a biological anthropologist who disputes smoking's role in causing heart disease. Similarly, Dr Theodor Sterling, who believes that population studies linking smoking to illness obscure their more likely cause - occupational exposure to toxic fumes - received \$1.1 million for research during 1977-82. The nefarious workings of the Special Projects division were well described in a recent article.²

In contrast, the more respectable work of the CTR may seem rather benign. The organisation is advised by a Scientific Advisory Board (SAB) composed of distinguished scientists; over the years, the CTR has provided hundreds of millions of dollars to independent investigators, in the US and abroad. The SAB reviews research applications and selects the projects to fund. Reportedly, recipients are accorded complete independence in their research, once funded. Without question, thousands of worthy projects have been funded through the CTR.

Upon closer examination, however, the mainstream research support of the CTR becomes problematic. A review of recent CTR annual reports indicates that only a small fraction of research projects deal with the health impact of tobacco use. This is in sharp contrast to the organisation's stated mission: to research "questions of tobacco use and health."^{3,4} One may legitimately ask, "Why does an organisation ostensibly set up to research tobacco and health fund so few tobacco-and-health projects?" Several possibilities come to mind. Perhaps the SAB systematically rejects research proposals that deal with tobacco and health. Alternatively, tobacco-and-health researchers may decline to apply for CTR funding, either because they assume they would not be funded or because they are concerned that industry funding would jeopardize the integrity of their work. For whatever the reason, it is apparent that questions of tobacco and health are rarely funded by the CTR.

This presents a serious problem. Tobacco industry correspondence, publications and, on occasion, Congressional testimony, erroneously state that the CTR is actively engaged in researching the health effects of tobacco.⁵ For

example, a 1983 Tobacco Institute publication states, "Eminent scientists believe that the questions of smoking and health are unresolved and that research in this area must go forward."⁶ The publication further implies that the CTR is a vehicle for that research. In fact, it is not.

The CTR's funding of research has also been used by the tobacco industry in court cases to cast doubt on the facts about smoking and health, and to gain innocence by association with reputable institutions. For example, during a 1990 US (Mississippi) cigarette product liability trial, the jury was shown large charts identifying the many universities and medical schools supported by CTR grants.⁷

None of this will surprise most readers of *Tobacco Control*. It is a central tenet of our experience that the tobacco industry does not dispense money for charitable purposes. Indeed, a 1978 tobacco industry memo stated that, "It is extremely important that the industry continue to spend their dollars on research to show that we don't agree that the case against smoking is closed."⁸ Reflecting this, the CTR has been described as "the tobacco industry's main vehicle for damage control."²

US organisations and institutions have begun to reconsider the propriety of accepting funding from the CTR and other tobacco industry sources. In December 1992, the American Medical Association (AMA) House of Delegates voted to discourage strongly all medical schools and their parent universities from accepting research funding from the tobacco industry. The AMA Board of Trustees later defined the tobacco industry as firms that directly produce or market tobacco products along with their research and lobbying groups, including the CTR, the Smokeless Tobacco Research Council, and the Tobacco Institute.⁹ In addition, two well known Boston-area hospitals, Massachusetts General Hospital and Brigham and Women's Hospital, both announced that, as of 1 January 1996, they will no longer accept research funds from either the CTR or the Smokeless Tobacco Research Council.¹⁰

In this issue of *Tobacco Control*, Walsh and Sanson-Fisher explore the policies and practices of Australian institutions of higher education as regards tobacco industry funding of biomedical research.¹¹ The study demonstrates that, as in many other areas of tobacco control, Australia is far advanced in thinking about this issue. Several major Australian medical associations are on record as expressing strong opposition to industry funding, and two Australian funding organisations prohibit persons currently receiving tobacco industry funds from accepting their financial support.

The authors surveyed 42 Australian institutions of higher education. Fully 29% (12 institutions) had discussed the ethics of accepting funds from tobacco industry sources in meetings of their faculty Senate or other governing body. Of these, several had developed policy in relation to one or more of the tobacco industry funding sources. Many did not officially circulate tobacco industry promotional material and a few did not permit staff to accept funds from one or more industry source. On a negative note, 71% of institutions had never formally discussed the ethics of accepting tobacco industry funds and 87% of institutions without written policies banning

industry funding did not expect their position to change soon.

The authors outline several strategies for accelerating the trend of institutions refusing tobacco industry funding. Among the most promising is to encourage institutions and organisations that fund health research to require that prospective grant recipients refuse tobacco industry funds as a condition of receiving their grants. This approach has been pioneered by the Western Australian Health Promotion Foundation (Healthway). Public and private funders of health research should strongly consider emulating this tactic.

I take a personal interest in the area of tobacco industry funding of medical research because I worked in a Tobacco Institute-funded laboratory for several months during my graduate school training. I distinctly remember the laboratory director, a very honorable man, describing with amusement and amazement the fact that the tobacco industry gave his laboratory significant funds with no strings attached whatsoever. Not surprisingly, the laboratory's research had no direct bearing on smoking and health. In retrospect, I believe that neither the laboratory director, nor anyone else in the department, and perhaps no one at the medical school, had any notion of how their good name was being used.

Scientists invest many years in arduous, demanding training. Most face tremendous difficulties securing positions and financing their research. The overwhelming majority of scientists have little or no knowledge of the public policy issues surrounding tobacco control. It should come as no surprise that many have greeted tobacco industry funding with open arms. Nonetheless, we should not underestimate people's capacity for ethical behaviour, if presented with the facts at hand.

There is a serious lack of information about the international scope of tobacco industry funding of biomedical research. In which countries does the tobacco industry provide support for biomedical research? How important are these funds for supporting biomedical research? Walsh and Sanson-Fisher found that 30% of the Australian institutions they surveyed accepted industry funding during the period 1991-2; information on the magnitude of the funding was not available. A survey of US medical schools determined that 54.7% accepted research funding from the tobacco industry and its subsidiaries; for the vast majority, such funds accounted for less than 1% of their research budget.¹² Similar data are needed for other countries.

In countries in which the tobacco industry supports biomedical research, have institutions or agencies considered the ethical issues surrounding tobacco industry funding? The British Medical Research Council frowns on its research staff accepting funds from sources that might bring the Council into disrepute, including the tobacco industry (personal communication, Jane Lee, 6 September 1994). Little is known about the policies of other British institutions, and agencies in other countries.

On a related note, the CTR's annual reports indicate that, for most projects, the CTR was not the sole funding source. Typically, projects are supported by the CTR and one or more public or private research agencies, for example, the US Public Health Service, the US National Institutes of Health, the American Cancer Society, and the Juvenile Diabetes Foundation, to name just a few. These other funding agencies may wish to consider whether or not it is appropriate for both the tobacco industry and pro-health funders to be providing support for the same research project.

The most critical information gap concerns what the tobacco industry gains in return for its support of biomedical research. Although this information may be hard to come by, it is crucial to our efforts. Without specific examples of how the industry has used its support of biomedical research to subvert public health goals, it will be difficult to persuade scientists, research institutions, and the general public that tobacco industry funding of biomedical research is not good public policy.

Studies such as that by Walsh and Sanson-Fisher can provide an entry point for correspondence and discussion with those who most need to hear our message: scientists and research institutions. We must convince them that acceptance of tobacco industry funding is unethical and that, in the long run, it does not serve their or the public's best interest. Despite their feelings to the contrary, taking money from the devil does not always mean that the devil has less money to spend. Scientists and research institutions should be encouraged to clean house before others seek to clean it for them.

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